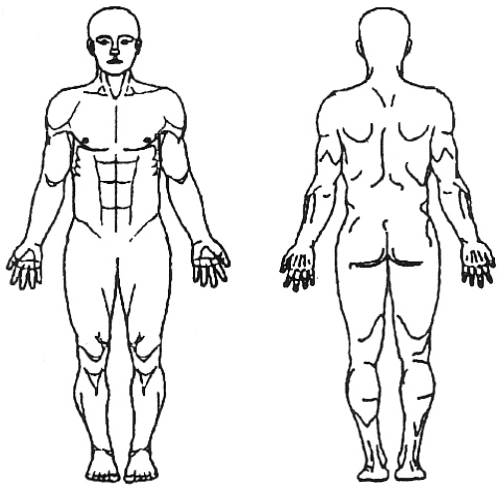
Patient Care Interim VACIS Information Collection Sheet

		Kms Out:	**Date:**
Case #:	**AMPDS:**	**Kms In:**	**GP:**
Pt. Name:		**DOB:**	
Address:		**Phone:**	
NOK:		**NOK Phone:**	
Billing:	**Police #:**	**MV Regos:**	

Rec	Disp	Enroute	Arrived	At Pt	Loaded	Notify	Dest	Triage	Unload	Clear
				*						

Time	*					
GCS						
Pulse						
BP						
MAP						
Skin						
Resp						
Pain ?/10						
BSL						
ECG						
SPO2						
ETCO2						
Temp						



F = Fracture	H = Bleeding	L = Laceration	B = Bruising
P = Pain	I = IV Access	O = IO Access	M - IM Needle

Time	Action Drug	Dose	Effect

Hx:

PHx:

Meds:

Allergies:

Notes:

Eye Opening	Spontan 4	Voice 3	Pain 2	Nil 1	
Verbal	Oriented 5	Confused 4	Inapprop 3	Incomp 2	Nil 1
Motor	Obeys 6	Localise 5	Withdraw 4	Flexion 3	Extension 2	Nil 1

Note: This is not an authorised AV document. It must be destroyed once information has been transferred to authorised Pt. care record / VACIS.

MAP (Mean Arterial Pressure**)** = DBP + 1/3 PP (PP = SBP-DBP)